

Supplemental Application Form

ATTESTATION REGARDING TRAINING AND EXPERIENCE AS A MAMMOGRAPHY RADIOLOGIC TECHNOLOGIST:

This form must be completed if you are seeking a license as a Massachusetts Mammography Radiologic Technologist through recent mammography training and experience¹ outside of Massachusetts. Individuals who are not Massachusetts Radiologic Technology Licensed must complete and submit with this form an Application Form for a Massachusetts Radiologic Technologist License.

I. Most Recent Mammography Experience:

Dates of Employment: from; _____ to; _____

Facility Name: _____

Facility Address: _____

Facility Telephone Number: _____ Immediate Supervisor: _____

II. Number of Mammograms Performed in Past 24 Months: _____

III. Training in Mammography:

Dates of Training: _____

Facility Name: _____

Facility Address: _____

Attach written documentation of item II and III above. Acceptable documentation is: a letter, course completion certificate, or CEU certificate.

IV. Attach a notarized copy of your ARRT Mammography Certification.

I, (Please PRINT) _____, attest that, to the best of my knowledge and my belief, the information provided in this declaration is true and correct. In addition, I have read and understand the provisions of the Massachusetts Regulations 105 CMR 127.000 *Licensing of Mammography Facilities* and 125.000 *Regulations Governing the Licensing of Radiologic Technologists*. I understand that the Commonwealth of Massachusetts may request additional information to substantiate the statements made in this declaration. I also understand that knowingly providing false information could result in criminal liability, punishable by up to \$2,000 fine and imprisonment of up to two years, or civil liability under 105 CMR 127.022(E).

Attestor's Signature and Title

Date Signed